

# IMPROVEMENT PERMIT



Beaufort County Health Department  
Environmental Health Section  
220 North Market St.  
Washington, NC 27889  
Phone: 252-946-6048 FAX: 252-946-2074

For Office Use Only	
*CDP File Number:	48143 - 1
County ID Number:	7601296478
Evaluated For:	NEW

PERMIT VALID UNTIL: 07/13/2027

\*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit.

Applicant: Laura Fernandez  
 Address: 109 N Eden Drive  
 City: Washington  
 State/Zip: NC 27885  
 Phone #: (252) 362-1015

Property Owner: Richard & Kimmi Kearney  
 Address: PO Box 493034  
 City: \_\_\_\_\_  
 State/Zip: HI 96749  
 Phone #: \_\_\_\_\_

Address: 0 Windy Pointe **Property Location & Site Information**  
 Road #: Belhaven, NC Subdivision: Bailey Point Phase: \_\_\_\_\_ Lot: 37  
 Township: \_\_\_\_\_ **Directions**  
 Structure: SINGLE FAMILY  
 # of Bedrooms: 3  
 # of People: 6  
 \*Water Supply: PUBLIC

Initial System		System Specifications	
*Site Classification:	<u>PS w/Fill</u>	Minimum Trench Depth:	<u>18</u> Inches
Saprolite System?	<u>No</u>	Maximum Trench Depth:	<u>18</u> Inches
Design Flow:	<u>360</u>	Fill Depth:	<u>18</u> Inches
Soil Group:	<u>III</u>	Septic Tank:	<u>1000</u> Gallons
Soil Application Rate:	<u>0.3</u>	Pump Required:	<u>May be required</u>
*System Classification/Description:	<u>TYPE III C. GRAVITY FILL SYSTEM</u>	Pump Tank:	<u>1000</u> Gallons
		*Proposed System:	<u>CONVENTIONAL</u>

Repair System Required: Yes

Repair System			
*Site Classification:	<u>PS Drip</u>	Minimum Trench Depth:	<u>6</u> Inches
Soil Application Rate:	<u>0.15</u>	Maximum Trench Depth:	<u>6</u> Inches
*System Classification/Description:	<u>TYPE V F. ANAEROBIC DRIP</u>	Fill Depth:	_____ Inches
		Pump Required:	<u>Yes</u>
*Proposed System:	<u>DRIP</u>	Pump Tank:	<u>1000</u> Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

**\*Site Modifications**  
Some trees and stumps will have to be removed prior to filling site  
Contact BCHD @ (252) 946-6048 to set benchmark prior to filling site

**\*Permit Conditions**  
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.  
1000gal septic tank, distribution box, all piping and 4 (3' x 100') conventional drainlines in 18" fill as shown; Anaerobic Drip Repair; An Authorization to Construct will be issued when fill requirements are met and final site plan is approved by BCHD

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335 (f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

\*Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 07/13/2022

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: \_\_\_\_\_



Date: 07/13/2022

**Fill System Specification Sheet**

Applicant: Laura Fernandez

Required Fill: 18 Inches

Location: 0 Windy Pointe

Area of Fill: 52 X 122

Belhaven, NC

Soil Classification: PS w/Fill

**FILL REQUIREMENTS**

These requirements for fill must be completed and then approved by the County Health Department prior to issuance of an Authorization to Construct. Fill material must be Group 1 (sand or loamy-sand) texture to the top of the treatment and disposal trench(es). The final 6" of fill material shall be a finer texture soil (sandy loam or sandy clay loam topsoil) for the establishment of vegetative cover. Fill material must be approved by the County Health Department prior to placement on site. Laboratory testing (particle size analysis) may be required to provide proof of fill material texture.

**INSTALLATION & INSPECTIONS**

The area designated for the septic system shall be indicated on the Improvements Permit. Failure to install fill in the approved location may result in the fill having to be moved. Careful attention must be given to the preparation of the site to ensure that the septic system will function properly. Do not work the soil in wet conditions if the soil is Class II, III, or IV (refer to above for your soil classification). Working a Class II, III, or IV soil in wet conditions can destroy the soil characteristics and may also prevent an Authorization to Construct from being issued. Remove vegetative cover from designated area without removing any soil. Disc natural soil surface in multiple directions to break up root mat to a depth of 6 inches prior to adding any fill material. Add 6" of approved fill to area and disc again in multiple directions thoroughly until fill material is incorporated with the natural soil surface. The first 6" is most critical during installation. At this point, contact the County Health Department for a **cut-in inspection**. Once a cut-in inspection is completed and approved by this office, add remaining fill material to within 6" of the required height of the mound. Contact this office upon completion for a **fill inspection**. Completion of the above requirements will allow an Authorization to Construct to be issued for the site. Required topsoil cover must be on site prior to issuance of an Operation Permit.

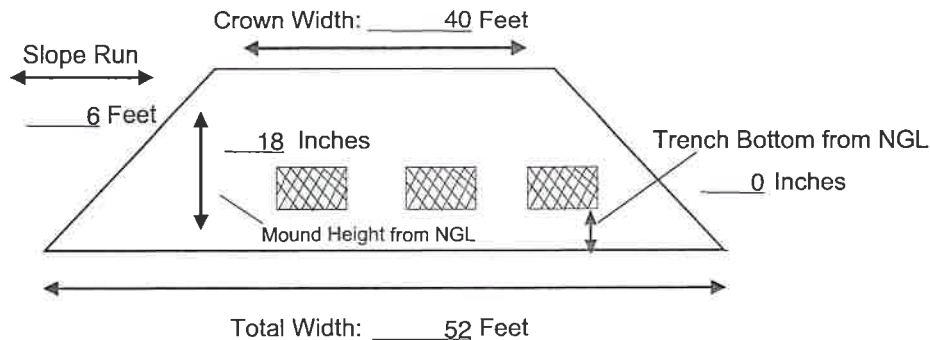
Environmental Health Specialist \_\_\_\_\_

Environmental Health Specialist \_\_\_\_\_

Date of cut-in Inspection \_\_\_\_\_

Date of fill Inspection \_\_\_\_\_

**End View**



**Side View**

